								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 09/939870													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS						R	RATE FEE		1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BAS	SIC FE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*		×	X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	m	inus 3 =	*	X	X42=		OR	X84=			
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT			+14				OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	, ,,,,,,,,, ,			
	CLAIMS AS AMENDED - PART II									,	OTHER	THAN	
	15	(Column 1)	(Column 2) (Column 3)				SMALL ENTITY			OR	SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	. 20	Minus	** /	70-	=	, X	\$ 9=		OR	X\$18=		
ME	Independent	. 2	Minus	*** 2	3	<u>-/</u>	×	42=/		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDEN	CLAIM		1	40=		OR	+280=	0	
							TOTAL			TOTAL			
	(Column 1) (Column 2) (Column 3							T. FEE	<u> </u>	ADDIT. FEE			
6		(Column 1) CLAIMS REMAINING		HIGH	HEST IBER	PRESENT			ADDI-			ADDI-	
OMENT B		AFTER AMENDMENT		PREVI	OUSLY	EXTRA	R	ATE	TIONAL FEE		RATE	TIONAL FEE	
MO	Total	*	Minus	**	-	=	×	\$ 9=		OR	X\$18=		
AMEND	Independent	*	Minus	***		<u> </u>	×	42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDEN	TCLAIM			40=	<u> </u>	OR	+280=		
	•				•		<u> </u>	TOTAL			TOTAL		
		0					ADD	IT. FEE		JOH	ADDIT. FEE		
_		(Column 1) CLAIMS			mn 2) HEST	(Column 3)			ADDI	1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	TIONAL FEE	
Š	Total	*	Minus	**	i_	=	X	\$ 9=		OR	X\$18=		
R	Independent	*	Minus	***		=	l x	42=	·	OR	X84=		
╙	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		l ├─			1			
	lé tha antas ia aab	imp 1 is less than t	h entry in co	humn o weil	le "N" in cc	olumn 3	+	40=		OR	+280=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR									TOTAL ADDIT. FEE	·		
	The "Highest Nur	nber Previously Pa	id For" (Total	or Ind pend	dent) is the	e highest numbe	er found i	n the a	ppropriate bo	x in co	olumn 1.		

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number N26/80400 W

CLAIMS AS FILED - PART I (Column 1) (Column						ımn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS 20			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				Г	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		B	ASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		• @			X\$ 9=		OR	X\$18=	0
INDEPENDENT CLAIMS 2 minus 3 = C						>		X40=		OR	X80=	0
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	0
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	7/0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR .	OTHER SMALL E	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE _.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	.20	Minus		シー	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	***	CLAIM	= `		X40=		OR	X80=	
Щ	FINOI FRESE	YTATION OF WIL		LINDLIN	CLAIN		.	+135=		OR	+270=	
. '							A	TOTAL DHT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F OL AINA	-	1 [X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						」	+135=		OR	+270=	
								TOTAL DIT. FEE			TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)										ADDII. FEEI	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	11	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		┚┝				, 070	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												